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| SOHC black250 block | **SIDMOUTH & OTTERY HOCKEY CLUB** | SOHC black250 block |

**INCIDENT REPORTING FORM**

Please ensure that this form is completely legibly and that it is signed, dated and sent immediately to Judy Micklethwait at [sohccwo@hotmail.com](mailto:sohccwo@hotmail.com)

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| 1. Name and location of incident |  | |
| 2. Full name of coach supervising the session |  | |
| 3. Full name of the injured person |  | |
| 4. Full address of the injured person |  | |
| 5. Age of the injured person |  | |
| 6. Date of accident | Time of accident | |
| 7. Nature of injury, including location on body  7a. Did injury occur during Open Play or Penalty Corner?  7b. Did injury involve a) ball b) stick or c) body? | | |
| 8. Nature of any injuries/after-effects which developed later | | |
| 9. FULL details of the accident including;- how it happened; what activity was being performed; where it happened (if off pitch); | | |
| 10. Witness name(s) and address(es) | | |
| 11. Action taken: | | |
| Police called: Yes / No | | Ambulance called: Yes / No |
| Facility manager informed: Yes / No | | Facility accident book completed Yes / No |
| Parent informed Yes / No | | Parent Name Informed: |
| 12. Details of first aid given | | |
| 13. Other actions? | | |

Please continue over if necessary.

**Section to be completed by supervising coach/leader**

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| Iconfirmthat the above details are correct and accurate to the best of my knowledge.  Print name: | |
| Signature: | Date: |